

State of Montana  
Office of the State Public Defender  
**REQUEST FOR PRE-APPROVAL OF CLIENT COSTS**  
**MENTAL HEALTH PROFESSIONAL**

All client costs exceeding \$200 per task in each case must be pre-approved by submitting this request form to the appropriate person as follows:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Training Coordinator in cases assigned to conflict attorneys (*Eric Olson, 610 N. Woody, Missoula MT 59802*)
- The Chief Appellate Defender in appellate cases (*Jim Wheelis, PO Box 200145, Helena MT 59620*)

\_\_\_\_\_  
Requesting Attorney's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Name

\_\_\_\_\_  
OPD Case Number

\_\_\_\_\_  
Task Provider's Name

\_\_\_\_\_  
Estimated Cost of Task

Per Protocol, type of MH Professional involvement requested:

- \_\_\_ MH Professional Consultation
- \_\_\_ MH Professional Screening
- \_\_\_ MH Professional Evaluation (comprehensive evaluation)

Justification for task, referral questions and cost: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next scheduled court appearance \_\_\_\_\_

Type and Estimated number of pages for Professional to review:

- \_\_\_ Legal documents (\_\_\_\_\_ pages)
- \_\_\_ Medical Record (\_\_\_\_\_ pages)
- \_\_\_ Other records requested and have not arrived to date

\_\_\_\_\_  
Requesting Attorney Signature

\_\_\_\_\_  
Date

Please be advised that a *Memorandum of Understanding, Mental Health Professional* must be completed prior to Professional beginning work on this case.

**PROFESSIONAL:** Immediately contact the referring attorney at the first indication that additional time is necessary to answer the referral question! Approval must be provided in order for payment over and above the initial pre-approved amount. Justification must be provided regarding the specifics of what additional time spent on the case will entail.

The Requesting Attorney must complete and forward this form to the appropriate person for approval (see above).

\_\_\_\_\_  
Authorized Signature ☐ Approve ☐ Deny

\_\_\_\_\_  
Date

*(Regional Deputy Public Defenders complete the next section and submit to the Central Office for approval if the request equals or exceeds \$1000. The Chief Public Defender will review FTE attorney requests. The Contract Manager will review contract attorney requests.)*

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I certify that I have reviewed the request which equals or exceeds \$1000; have explored alternative, financially responsible options with the requesting authority, and recommend that the request be ☐ Approved ☐ Denied

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**For Central Office Use Only**

*Non-Conflict Requests Equal to or Exceeding \$1000*

☐ Approve ☐ Deny

\_\_\_\_\_  
Contract Manager/Chief Public Defender

\_\_\_\_\_  
Date